Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>11-18-10</u>	Address:	Old 41 North of U.S. 41
Case #:	<u>35-31268</u>		Oaktown, Indiana
County:	Knox		rural Knox county
Type of La	aboratory Scizure (check one)	Seizure Location (check all that apply)
= ^	ional Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:
(check all t	nd: Location (bedroom, kitchen, open a hat apply) 1/Ammonia Reaction(s):	<u>ir, ete)</u>	•
Red Ph	osphorous/Iodine Reaction(s):		
☐ Fianimable Solvents: along road way			
Water Reactive Metal (Lithium):			
⊠ Hydroc	Phloric Acid Gas Generator(s): along	roadway	
Anhydrous Ammonia:			
⊠ Corrosi	ve Acid: along roadway		
Corrosi	ve Base:		
Other (item and location):		
Yes No Childre Living con Estimated	er age 18 discovered (check appropriate (number present) In not present but evidence they reside ditions of home: clean disarray length of time manufacturing had been Information:	or visit often y 🔲 unclean	
This repor	t has been faxed to the following ag	encies that serve the	location:
Health Dep	tment: <u>Oaktown VFD</u> partment: <u>Knox Co</u> it of Child Services:	Fax: <u>812.7</u> Fax: 812.8 Fax:	82 <u>5625</u>
	information regarding this methamph ng Officer: <u>Trp. Scott Q</u> ualls Pho	netamine laboratory, c one <u>812 867 2079</u>	contact

This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.